NHS England

Putting communities at the heart of major incident responses: psychologically informed recommendations for planning and implementation:

Contents

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2. Executive Summary

The purpose of this guidance is to:

- Provide psychologically informed, culturally competent recommendations for planning and delivering psychosocial and mental health responses to major incidents.
- Support NHS organisations, local authorities, and partners to work collaboratively with communities to design and deliver effective, trusted, and equitable support.
- Embed proactive psychological thinking into emergency preparedness, response, and long-term recovery without over-medicalising community support.
- While developed for London, the principles and recommendations are intended to have national applicability.

Key Principles

- **Community-centred approach:** Communities are assets in response and recovery; effective planning must be shaped *with* communities, not done *to* them.
- **Cultural competence:** Responses must recognise and respect cultural, ethnic, faith, and social diversity to build trust and improve outcomes.
- **Proactive psychological planning:** Psychological support should be embedded in emergency planning in advance.
- **Partnership working:** Strong collaboration between the NHS, local authorities, voluntary, community, faith and social enterprise (VCFSE) organisations is essential.
- **Long-term recovery:** Support should be tailored to differing needs over time.

Key Recommendations

- Clearly define and map affected communities, including directly impacted individuals, wider community members, and less-visible and vulnerable groups.
- Embed psychologically informed approaches within incident planning, response and recovery arrangements.
- Services should adopt non-stigmatising language and provide culturally competent health and wellbeing support aligned to population need.

- Actively partner with VCFSE organisations and community leaders to support engagement, trust, and effective delivery at place level.
- Evidence-based, culturally appropriate information and resources should be developed in advance and disseminated rapidly following an incident.
- Apply clear principles for service design that prioritise visibility, compassion, flexibility, patience, and survivor feedback.
- Commission services that support long-term recovery, recognise anniversaries and re-triggering events, and protect the wellbeing of staff delivering care.
- Workforce wellbeing, training and supervision should be embedded to ensure sustainable, high-quality delivery.

3. Introduction

"There has been clear evidence for many years about the benefits of working with people and communities and yet, despite all this evidence, things largely have not changed. National bodies such as NHS England and the Department of Health and Social Care have key roles to play in unblocking this impasse. They can set the strategic direction, expectations and culture that support systems, places and neighbourhoods to adopt approaches we have started to see in Grenfell and to become community centred". King's Fund Sep 2024[1]

Major Incidents and disasters have both direct and indirect impacts on people, families, communities and responders. Community resilience and social capital are often perceived as beneficial in aiding emergency response and recovery. Review[1] of community responses identified that community level cognitive social capital, which refers to perceptions of community relations, trust, mutual help and attachment, were associated with reduced risk of Post Traumatic Stress Disorder (PTSD) and common mental disorders. This review recommends that response planners bolster community resilience, however, previous incident responses have highlighted that when systems get this wrong, the consequences for those individuals and communities can last a lifetime, with trust being difficult to repair.

There are two core principles for delivering effective psychological informed responses to Major Incidents. The first and most critical is **ensuring that plans and responses are culturally competent.** London is the third most diverse city in the world[2]. The culture of communities can play a key part in how communities respond to major incidents and disasters.

The NHS North Kensington Major Incident Response worked with local communities following the Grenfell Tower Fire [3] to describe Cultural Competency as:

Cultural competence describes a set of aligned and transparent skills, attitudes and principles that acknowledge, respect and work together as a system towards optimal interactions between individuals and the various cultural and ethnic groups within a community. At the heart of cultural competency is evidence that demonstrates that

[1] Hall, C.E., Wehling, H., Stansfield, J. *et al.* Examining the role of community resilience and social capital on mental health in public health emergency and disaster response: a scoping review. *BMC Public Health* **23**, 2482 (2023). https://doi.org/10.1186/s12889-023-17242-x
[2] Most Diverse City in the World
[3] What is Cultural Competency? :: NHS North Kensington Major Incident Response

healthcare professionals are working effectively in cross-cultural circumstances[4], meaning they can address an individual's health needs more effectively.

The second principle is that **proactive psychological thinking and support is embedded within capacity and capability planning in advance of major incidents**. Together these two principles help ensure responses are tailored to what matters to the person/community, are well coordinated so that people can get the right help at the right time.

Embedding psychological support proactively into emergency planning and being more responsive to diverse communities' needs, is in line with the priorities set out in the UK government's *Fit for the Future* 10-year plan[5], supporting people to stay well, manage ill health, improve their quality of life and ensure their psychosocial and wellbeing needs are met, aligns with the 'Sickness to prevention' shift, and the key priorities such as:

- expanding mental health support,
- need for NHS working in closer partnership with local government and other local public services to support population health needs, and
- the training, development and improved resilience of NHS Staff.

This work also supports London's ambitions to be a healthy resilient city.

4. Background

Within NHS England's London Violence Reduction programme, the London Major Trauma Psychology Network has developed an integrated model of physical and psychological care for victims of trauma, that ensures London has a sustainable approach to providing psychological support to people impacted by major incidents. This work has been carried out in collaboration with NHS England London's (NHSE) Emergency Preparedness Resilience and Response (EPRR) and Specialised Commissioning Teams.

As part of this work, a London Psychology Major Incidents Steering Group was established to oversee the development of plans for the coordination and delivery of psychosocial care for survivors and professional responders affected by major incidents in London.

[4] Cultural Competency video: https://youtu.be/OFobXZhoqto
[5] Build an NHS Fit For the Future - GOV.UK

5. Purpose

These recommendations are intended to be read alongside:

- London Health Resilience Partnership Psychosocial Support Framework
- NHS England London 'Integrated Psychology Major Incident Response Framework, and
- Guiding principles for support of professional responders involved in responding to Major Incidents

Organisations with emergency planning responsibilities are encouraged to take the evidence and best practice described in this document, and work locally with partners (including communities, healthcare, local authorities and other statutory organisations) to embed and implement these recommendations.

These recommendations will help partners to improve their understanding of their communities and work with them to effectively codesign and co-deliver services, that meet local needs.

Embedding proactive psychological support into emergency response plans isn't about medicalising community support or providing clinical treatment in the immediate aftermath. Instead, it offers a clinical framework that helps ensure communities receive high-quality, evidence-based healthcare and wellbeing support throughout their recovery.

Whilst this work has been led by the London system, the principles outlined in this document have national applicability.

6. Methodology

A Task and Finish (T&F) Group was convened consisting of experts by experience, Community Collaborative Consultant, National Emergencies Trust, NHS London EPRR, local authority resilience, London Resilience Humanitarian Assistance Working Group, London Borough Faith Network UKHSA, ICB EPRR Engagement and London Voluntary Sector Collaboration and Partnerships. The recommendations outlined in this document were based on a review of recent major incident finding reports (King's Fund and Manchester Arena), a review of lessons learnt from previous London Major Incidents, a review of people's lived experiences of previous Major Incident responses by Survivors Against Terror[6] and the

[6] Mental-Health-policy.pdf

expertise and consensus of members from within the Community Major Incident Task and Finish Group as well as input from the North Kensington Recovery Service Team.

The recommendations are organised under three pertinent areas:

- The need to define the affected community for response planning
- Working with communities to plan effective response that include:
  - Community engagement
  - Developing Immediate Support Resources
  - Charitable Aid Response
- Principles for Service Design

7. Principles and recommendations

The need to define the affected community for response planning

The term *"community"* is broad.[7] For effective planning following major incidents, communities should be considered in two ways:

1. Groups that were directly impacted (bereaved, survivors and their families and first responders)
2. Affected witnesses and potentially wider community members impacted by the incident

Recommendations:

1. Local Authority and the NHS should work together to ensure that joint 'health and care' coordination is in place from the outset, both in the emergency planning and response phases of Major Incidents.
2. Incident response functions in the NHS and local authorities should understand that:
   - The terminology 'mental health' may feel stigmatising or be less well understood by communities affected by major incidents. 'Health and wellbeing' should be the preferred terminology that is used.

[7] For further information please see 'Considerations for vulnerable people lists in the NHS Developed by the NHS England – London and London Integrated Care Board (ICB) Emergency Preparedness, Resilience and Response (EPRR) teams

- Services commissioned to provide health and wellbeing assessment and interventions, need to be designed to be culturally competent and meet the diverse needs of the community.
- Voluntary and community organisations have knowledge and expertise that is critical to helping statutory organisations step up responses, that effectively meets community needs.

3. Incident response functions in the NHS and local authorities should embed psychological thinking and formulation into their plans to effectively provide tailored community support.
4. ICBs and local authorities (with support from organisations with borough resilience forums) should collate a list of affected community groups with NHS MTC Clinical Psychology leads to help ensure there is appropriate messaging, plans for dissemination of information and targeting of interventions to key groups.

   Key groups to consider:

   - Survivors and their families and bereaved individuals.
   - Witnesses to the incident.
   - Residents and businesses in the surrounding area.
   - People impacted from outside London, including international visitors.
   - Vulnerable people whose pre-existing conditions may amplify the impact of the event e.g. people with learning disabilities and or pre-existing mental health difficulties.
   - Wider members of organisations (e.g., schools, workplaces, places of worship, and clubs) that experienced loss of life as result of the incident.
   - Communities connected to the directly impacted population through family ties, shared culture or faith.

   Initial identification can be achieved by gathering information from:

   - Hospitals
   - The Strategic Coordination Group
   - Police and Casualty Bureau, the police hotline activated for major incidents for missing persons and potential witnesses
   - Local council emergency responders responsible for Emergency Centres/ Humanitarian Assistance Steering Group
   - Victim Support

- Voluntary, Community, and Social Enterprise (VCSE) groups to identify less-visible populations.
- Specific focused services, such as for asylum seekers or individuals affected by domestic violence.

5. Borough Resilience Forums should take the lead on coordinating and maintaining information about local community groups affected by the major incident.

Working with communities to plan effective response

7.1 Community Engagement

Collaboration and partnerships across systems is vital to understand community assets, needs, and priorities. Engagement is required to adopt a system-wide approach, recognising that people's experiences with public services are interlinked. Community engagement should not be siloed into dedicated teams; instead, all staff should play a role in delivering effective, community-centred services.

The lessons from Grenfell[8] articulated the prerequisites for developing partnerships with communities:

- Share power, reduce hierarchies, and address power dynamics.
- Listen with curiosity, humility, and openness to change.
- Address structural racism and prejudice to build trust.
- Ensure transparency in resource allocation.

Recommendations:

6. Local authorities, as part of their plans for Major Incidents, should collate a local map of existing voluntary, community, faith and social enterprise (VCFSE) groups. Logging information about demographics of those they serve and their scope. This map should be shared with the relevant ICB EPRR teams, the Pan London Psychology Clinical Lead and the relevant MTC Psychology lead.
7. Healthcare and local authority emergency planners should be aware that the presence of NHS psychology teams at rescue centres, in the immediate aftermath of an incident, may not be the most helpful initial response. Local authority volunteers, faith leaders and VCSE organisations who have received appropriate psychologically

[8] People Power, Lessons From The Grenfell Tower Fire | The King's Fund

informed training are more effective in building trust, advocating for services and developing a rapport with people within their local community.

8. Integrated Care Boards and Local Authorities should share data and intelligence of the communities that have been impacted by the Major Incidents so that this information can inform discussions as part of the planning and response activities of the Psychology Recovery Forum. Depending on the nature of the incident and those affected, VCFSE groups may be required to attend Psychology Recovery Forum discussions so that they can help ensure that targeted support to communities is well coordinated, timely and effectively meets community needs, at the right time and in the right place.

9. Psychologists should support integration of psychological resources, messages and services into recovery plans.

10. Healthcare and local authorities should recognise that incidents are mostly unpredictable, and local community groups rarely have accumulated experience but can benefit from resources and guidance on effective and recommended ways to support their communities.

7.2 Developing Immediate Support Resources

Recommendations:

11. In advance, and in response to a major incident, healthcare and local authorities' teams should work with communities to develop evidence-based resources that can be shared in the immediate aftermath of an event:

12. Health care teams and local authorities should work with communities to develop culturally competent surveys and focus groups to avoid repeated questioning of survivors.

- Culturally appropriate videos and resources need to be tailored to diverse demographics. These should guide supportive human interactions after incidents.
- Collate and share existing resources, (including but not limited to):
  - London MTC Psychology Network Webpage
  - Picking up the pieces - UK Trauma Council
  - Bee the Difference
  - People Power: Lessons from Grenfell

- Partner with a variety of relevant platforms including Thrive LDN to disseminate appropriate messages and resources to affected communities.
- Collect lessons learned from survivor stories, to support ongoing planning and improvement of integrated psychological response to Major Incidents.

13. Healthcare and local authorities should link with community representatives within the very early days following the major incident, to get advice about the dissemination and cultural appropriateness of key messages

7.3 Charitable Aid Response

Recommendations:

14. Local authorities should work with community leaders to determine immediate needs, such as funding and information. Organisations like the National Emergencies Trust (NET) and London Emergency Trust (LET) can provide expertise on charitable aid distribution, ensuring funds do not affect means-tested benefits.

15. Ensure that relief provisions such clothing and dietary considerations are culturally appropriate.

7.4 Principles for Service Design

Healthcare and local authorities should use the 6 overarching recommendations from the 'Bee the difference' report to inform the planning and development of health and support services for communities affected by major incidents:

- **Be Visible** – Ensure support is accessible and easy to find.
- **Be Compassionate** – Validate survivors' experiences and accommodate their needs.
- **Be Experienced** – Provide specialised trauma support wherever survivors are located.
- **Be Flexible** – Allow survivors to choose the support that suits them. Avoid 'one size fits all' approach.
- **Be Patient** – Recognise that recovery takes time and is not linear.
- **Be Proactive** – Use survivors' feedback to drive change.

Recommendations for Commissioning Services:

16. The sharing of data of those affected by Major Incidents, should be carried out in accordance with the London Resilience Forum's Data Sharing Agreement for people affected by emergency incidents (to be linked once document is finalised).

NHS organisations should ensure, in line with information standards (to be linked once document is finalised), that patient records are coded to flag that a person has been involved in a Major Incident to enable effective coordination of healthcare.

18. Service planners should define service inclusion criteria carefully to avoid excluding affected communities while prioritising the most impacted groups.

19. Services should utilise Primary Care teams (including social prescribers) and Community Connectors, to provide holistic wellbeing support, promote and disseminate key messages, availability of NHS services and feedback on any barriers in accessing these.

20. NHS and local authorities should recognise the important insights Primary Care teams may have in building a picture of the long-term health impacts of the Major Incident. Primary Care should tag patient records for those impacted by Major Incidents and share data with ICB colleagues to support the appropriate provision of health services and learning for future Major Incident planning.

21. Healthcare and local authority teams should consider engaging service user consultants to enhance cultural competence and align services with community needs. In addition, the ICB and local planners should continue to identify and collaborate with relevant organisations that represent and/or can meet their community needs.

22. Service planners should monitor and be responsive to training needs of staff, to deliver evidence based and culturally competent service to affected communities. Staff may require formal training, reading and video resources and/or opportunities of shared learning in forums such as community of practice. This training should include how culture influences health behaviours and response to services.

23. Service planners should commission services with VCFSE organisations that support the health and wellbeing of people who have been impacted by Major Incident, in line with the principles outlined in the NHS England London ‘Integrated Psychology Major Incident Framework’.

24. Service planners and community organisations should be aware that there may be times as part of their long-term recovery, whereby affected communities may need additional health and wellbeing support. This includes but is not limited to other major incident events occurring, anniversaries, commemorative events and/or publication of inquiry findings reports. Community leaders and services should ensure support is

available as outlined in the NHS England London ‘Integrated Psychology Major Incident Framework’.

25. Service planners should engage community representatives to co design acceptable outcome measures to evaluate service provision. These need to align with communities' expectation of the recovery.

26. Providing support and care for populations recovering from trauma is likely to have impact on service providers, therefore service planners should ensure that practice of clinical supervision, reflective practice, managers check ins and appraisals are embedded in the service provision.

Taken together, these recommendations reinforce the importance of placing communities at the centre of major incident planning, response and recovery. By embedding psychologically informed and culturally competent approaches, strengthening collaboration between the NHS, local authorities and the voluntary and community sector, and committing to long-term, flexible support, systems can build trust, resilience and deliver more effective outcomes for those affected. Implementing these principles consistently will help ensure that communities receive the right support, at the right time, and in ways that reflect their needs, experiences and strengths.